

# PROTECTION & ADVOCACY for INDIVIDUALS with MENTAL ILLNESS (PAIMI) PROGRAM - ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

STATE      Indiana

FISCAL YEAR    2009

The Annual PAIMI Program Performance Report (PPR), which is due by January 1<sup>st</sup> of each year [PAIMI Rules at 42 CFR 51.8 and the PAIMI Act at 42 U.S.C. 10805(a)(7)], contains information provided by the State P&A system on its management and operation of the PAIMI Program. The Advisory Council Report (ACR) section of the annual PPR is the PAIMI Advisory Council's (PAC) *independent assessment* of the operations of the P&A system which is signed by the PAC Chair.

The Annual PPR may be transmitted by mail or electronically. However, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least one (1) copy of the Advisory Council Report (ACR) with the original signature of the *PAIMI ADVISORY COUNCIL (PAC) CHAIR on the cover page*. Send the reports to the following addresses:

**ELECTRONIC MAIL:**

Barbara.Orlando@SAMHSA.hhs.gov

**REGULAR MAIL**

Barbara Orlando, Room 7-1091  
SAMHSA - Division of Grants Management  
1 Choke Cherry Road  
Rockville, Maryland 20857

**FOR CERTIFIED MAIL & OVERNIGHT DELIVERY** - Send to the above mailing address  
**BUT CHANGE THE ZIP CODE TO: 20850; Phone No. (240) 276-1400**

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, [Karen.Armstrong@samhsa.hhs.gov](mailto:Karen.Armstrong@samhsa.hhs.gov). If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276 1760.

Public reporting burden for this section of the annual PAIMI PPR is estimated to average 28 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

**ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)****TABLE of CONTENTS**

<b>SECTION</b>		<b>PAGE</b>
<b>1</b>	<b>GENERAL PAIMI PROGRAM INFORMATION</b>	<b>3</b>
<b>2</b>	<b>PAIMI PROGRAM PRIORITIES (GOALS) &amp; OBJECTIVES</b>	<b>7</b>
<b>3</b>	<b>INDIVIDUAL PAIMI-ELIGIBLE CLIENTS</b>	<b>24</b>
<b>4</b>	<b>CASE COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS</b>	<b>27</b>
<b>5</b>	<b>INTERVENTIONS ON BEHALF OF GROUPS of PAIMI-ELIGIBLE INDIVIDUALS</b>	<b>37</b>
<b>6</b>	<b>NON-CLIENT DIRECTED ADVOCACY ACTIVITIES</b>	<b>42</b>
<b>7</b>	<b>GRIEVANCE PROCEDURES</b>	<b>45</b>
<b>8</b>	<b>OTHER SERVICES &amp; ACTIVITIES</b>	<b>47</b>
<b>9</b>	<b>ACTUAL PAIMI BUDGET/EXPENDITURES</b>	<b>52</b>
	<b>GLOSSARY</b>	<b>56</b>

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

<b>1.A. Fiscal Year:</b>	<b>2009</b>
<b>State:</b>	<b>Indiana</b>
<b>Name of P&amp;A system:</b>	<b>Indiana Protection and Advocacy Services</b>
<b>Mailing Address &amp; Phone Number of Main Office:</b>	<b>4701 N. Keystone, Suite 222 Indianapolis, Indiana 46205 317-722-5555 Voice 317-722-5564 Fax</b>
<b>Mailing Address &amp; Phone Numbers of for each Satellite Office:</b>	<b>None</b>
<b>Name of PAIMI Program, if different from the State P&amp;A agency:</b>	
<b>Name, phone number, and e-mail address of the PAIMI Coordinator:</b>	<b>David Boes (317) 722-5555 ext 229 dboes@ipas.in.gov</b>
<b>PPR Prepared by:</b> <b>Name:</b> <b>Title:</b> <b>Area Code &amp; Phone Number:</b> <b>E-mail Address:</b>	<b>David Boes Program Manager/PAIMI Coordinator (317) 722-5555 ext 229 dboes@ipas.in.gov</b>
<b>The name of the Director of the State mental health agency to whom copies of the PAIMI PPR &amp; ACR were sent.*</b>	<b>Gina Eckart, Director Of Division Of Mental Health And Addiction</b>
<b>Date the PAIMI PPR &amp; ACR were sent to the State mental health agency.*</b>	<b>December 29, 2009</b>

*\*PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.*

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. B. GOVERNING BOARD

<b>1.B.1. Does the P&amp;A have a multi-member governing board?</b> <b>If Yes, complete governing board (GB), Table 1.B.3. [See Governing Authority - 42 CFR 51.22(b).].</b>	<b>Yes</b> <b>X</b>	<b>No</b>
<b>1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? An explanation is required if the answer to this question is <i>NO&amp;THE P&amp;A IS PRIVATE non-profit P&amp;A system.</i></b>	<b>Yes</b> <b>X</b>	<b>No</b>

### 1. B. 3. GOVERNING BOARD (GB) INFORMATION

**In the following table, please provide the requested information for the GB members *as of 9/30.***

<b>a. Total number of GB member seats available.</b>	<b>13</b>
<b>b. Total number of GB members serving as of 9/30.</b>	<b>13</b>
<b>c. Total number of GB vacancies on 9/30.</b>	<b>0</b>
<b>d. Term of appointment for GB members (number of years).</b>	<b>3</b>
<b>e. Maximum number of terms a GB member may serve.</b>	<b>5</b>
<b>f. Frequency of GB meetings.</b>	<b>Quarterly</b>
<b>g. Number of GB meetings held this fiscal year .(FY)</b>	<b>4</b>
<b>h. % (Average) of GB members present at meetings this FY.</b>	<b>66%</b>

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. B. 4 GOVERNING BOARD COMPOSITION

**“The governing board shall be composed of members who broadly represent or are knowledgeable about the needs of clients served by the P&A system . . .” [42 CFR 51.22(b)(2). *Count each GB member only once.***

**a. Number of individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are or have been eligible for services.**

**5**

**b. Number of family members of individuals with mental illness who are R/FR of mental health services.**

**1**

**c. Number of guardians.**

**3**

**d. Number of advocates or authorized representatives.**

**e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.**

**4**

**TOTAL**

**13**

**Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. *Count each GB member only once. The Total of 1.B.3.a. must equal the subtotals of 1.B.3.b and 1.B.3.c.***

### 1. C. PAIMI PROGRAM STAFF

**1. Provide the total number of P&A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income. Total: 30**

**a. How many of the staff listed above are attorneys?**

**Total: 4**

**b. How many of the staff listed above are non-attorney case workers/mental health advocates?**

***Do not include support or administrative staff in this count.* Total: 13**

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. D. ETHNICITY/RACE

	GOVERNING BOARD	PAIMI STAFF
<b>American Indian/ Alaska Native</b>		
<b>Asian</b>		
<b>Black/African American</b>	<b>1</b>	<b>3</b>
<b>Hispanic or Latino</b>		
<b>Native Hawaiian/Other Pacific Islander</b>		
<b>White</b>	<b>12</b>	<b>27</b>
<b>TOTAL</b>	<b>13</b>	<b>30</b>

### 1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
<b>Male</b>	<b>4</b>	<b>9</b>
<b>Female</b>	<b>9</b>	<b>21</b>
<b>TOTAL</b>	<b>13</b>	<b>30</b>

## **SECTION 2. PAIMI PROGRAM PRORITIES (GOALS) and OBJECTIVES**

**In the format provided, please list the program priorities (goals) and activities, as reported in the PAIMI Application (under Priorities and Objectives) for the SAME Fiscal Year (FY) that were used to achieve the annual objectives for this PPR.**

**The priorities shall be limited and consistent with the current mission and Government Performance Results Act (GPRA) mandates, accountability, and performance-based management requirements of SAMHSA/CMHS.**

**Refer to the Guidance information included in the annual PAIMI Program Application.**

**For each priority (goal) identified for the FY, select *ONE (1) CASE EXAMPLE THAT BEST ILLUSTRATED THE ACTIVITIES RELATED TO EACH PRIORITY (GOAL).* Please provide in narrative form, one (1) example of an individual or systemic case and, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact(s) and/or outcome(s) of PAIMI Program efforts.**

**Write the case example as though you were telling a story. As appropriate, Include the following information in your narrative: the presenting issue/complaint to be resolved; who (the parties involved); what the facts about the situation); where (the event occurred, such as, the type of facility, etc.); why the P&A program was involved; how the P&A program made a difference; and the outcome(s) (what resulted from this P&A activity)? For example, “as a result of P&A intervention, this client lives independently in the community, goes to work every day . . . .”**

**Each narrative shall reflect the activities used to achieve the annual objectives; be brief, concise; use people first language; maintain confidentiality of the individual client; and, be consistent with the priorities and objectives submitted in the PAIMI Program application for same FY. Check narratives for redundancies, typographical, grammatical and syntax errors. ***IN YOUR NARRATIVES, PLEASE SPELL OUT THE FULL NAME OF AN ENTITY, ETC. BEFORE USING ITS ACRONYM.*****

**TO FACILITATE REVIEW OF THIS REPORT, THE PRIORITIES & OBJECTIVES MUST BE PRESENTED IN THE SAME ORDER AS THOSE REPORTED IN THE PAIMI APPLICATION FOR THE SAME FY.**

**See the GLOSSARY for definitions of priorities (goals) and objectives.**

## **SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES**

**SECTIONS 2.A., 2.B. & 2.C. were previously reported in the priority (goal)/objective table of the PAIMI Application for the same FY.**

**2. A. PRIORITY (GOAL) - is a broad, general description of what the PAIMI Program hopes to accomplish. Each priority (goal) may have either a single or multiple objectives.**

**2. B. OBJECTIVE - is the activity or activities undertaken to achieve a particular annual program priority (goal). Objectives have quantifiable targets and measurable outcomes. *All objectives listed are to be completed within the FY.* Regulatory, legislative and/or litigation activities may span several FYs. Therefore any objectives for these types of activities are to be divided into multiple steps that are achievable within the FY.**

**2. C. TARGET POPULATION - Identification of a specific PAIMI-eligible population to be served (targeted) under each objective, such as, the elderly, adolescents, etc.**

***Items 2.D. & 2.E. are to be reported in this section of the PPR. [Refer to the PAIMI Application for the same FY in which the information in items 2.A. 2.B & 2.C. was provided].***

**2. D. TARGET - A numerical statement of what is desired or expected as a result of the objective. [Note: *Even narrative targets may be expressed in measurable terms/numbers, For example, "Development of one [1] protocol for facility monitoring."*]**

**2. E. OUTCOME - What was actually achieved as a result of the activity expressed in numerical terms? (See note in 2.D.).**

**2. F. OBJECTIVE MET OR NOT MET: *A statement of whether the expected outcome (target) for this objective was met. If not met, an explanation is required as well as a description of future activities to address the unmet objective, if appropriate.***

***Insert additional pages into this section as needed.***



**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 101: Review allegations of abuse or neglect of individuals residing in Indiana Department of Mental Health and Addictions.**

**Target Population:** Persons with a significant mental illness residing in facilities operated by the Indiana Division of Mental Health and Addiction.

**Target:** 36 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 48 requests for reviews thus achieving the following results.

Of the 27 concluded reviews, they were done with the following circumstances:

4%	1	Client withdrew their request for IPAS assistance.
56%	15	Issue was resolved in the client's favor.
41%	11	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

19%	5	The initial allegation was substantiated.
52%	14	IPAS obtained a remedy by way of an Administrative process.
63%	17	Client took assistance from IPAS and advocated on their own behalf.
70%	19	The initial complaint was remedied for the client.
100%	27	IPAS provided the client information concerning their rights.
19%	5	Other positive outcomes were realized.
8%	2	There were Systemic changes due IPAS' efforts.

**Case Example for Objective 101**

*A resident of Logansport State Hospital (LSH) contacted Indiana Protection and Advocacy Services (IPAS), expressing concerns that his personal safety was being compromised because he was being harassed by another patient. He further claimed that the LSH staff had been made aware of the situation, but had failed to take action to protect him. While the client's allegation focused on actions of the other client, the definition for neglect contained in the PAIMI Act, requires that IPAS address the issue as a failure of the staff to provide a safe environment. The staff failure placed our client at risk of an injury from another client. IPAS agreed to review the allegation and the staff's response.*

*IPAS's investigation did establish our client was, indeed, experiencing some harassment from another patient. Moreover, staff had not utilized privilege restrictions or reprimanded the other patient for the behavior. Instead, staff had begun to regularly address the issue with the client and the other resident in treatment group(s). Additionally, staff members were successfully working with our client to help him utilize behavioral recommendations to deter these incidents. The other patient was also involved in discussions regarding their behavior. Interventions were also introduced, i.e., closer observation by staff, limited access to areas such as the pod area without supervision, etc.*

*While it was determined that LSH staff had begun to actively address the issue by assisting the client in skill development in order to deal with conflict, the IPAS investigation found that client's report of verbal abuse by another patient did fall under "verbal/psychological abuse" as defined by LSH. However,*

documentation indicated that LSH staff did not report and respond to the allegation in accordance to their own policy. LSH policy stated that "any employee knowing or having reason to believe that an enrolled consumer of Logansport State Hospital is a victim of abuse, battery, neglect, exploitation, or maltreatment, is to follow the reporting procedure", and also that staff is to follow the reporting procedure, "anytime they observe mistreatment of consumers". The LSH policy raised IPAS's concern since the first statement is all-inclusive of how staff learned of the abuse while the second statement appears to be limited in nature to only when a staff directly sees or "observe(s)" the mistreatment. IPAS was also concerned about how the LSH administration documented reported incidents, determined which would be investigated, as well as how they documented if no formal investigation was completed despite a policy that required specific staff "... to notify the Superintendent the next working day." There was no documented evidence as to when and if staff did notify the Superintendent hence no formal investigation was completed on the reported incident.

IPAS's concerns regarding the lapses by staff as well as the gaps in their current policy were raised with the Human Right's Chair. Subsequently an internal hospital committee worked to clarify the abuse and neglect policy in regards to staff reporting of mistreatment. As a result, a new policy was adopted, so that anytime staff observes or has knowledge of mistreatment; they are to report it per the new policy. There was also a revision regarding the facility's documentation how and when the decision not to investigate an allegation of mistreatment occurs as well as those reports that are communicated to the Superintendent. Additionally, LSH's Medical Professional Evaluation Committee (MPEC) discussed and revised the policy concerning consumer to consumer abuse.

Both Policies have been revised, approved and implemented in accordance with IPAS' concerns and recommendations. Thus these systemic changes affected all consumers at LSH, which for the year represents approximately 546 consumers.

## **OBJECTIVE 101 WAS MET.**

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 102: Review allegations of abuse or neglect of individuals residing in Comprehensive Mental Health Centers.**

**Target Population:** Persons with a significant mental illness residing in facilities of the Comprehensive Mental Health Centers where there are allegations of abuse or neglect.

**Target:** 25 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 28 requests for reviews thus achieving the following results.

Of the 19 concluded reviews, they were done with the following circumstances:

0%	0	Client withdrew their request for IPAS assistance.
84%	16	Issue was resolved in the client's favor.
16%	3	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

32%	6	The initial allegation was substantiated.
37%	7	IPAS obtained a remedy by way of an Administrative process.
53%	10	Client took assistance from IPAS and advocated on their own behalf.
74%	14	The initial complaint was remedied for the client.

89%	17	IPAS provided the client information concerning their rights.
11%	2	Other positive outcomes were realized.
5%	1	There were Systemic changes due IPAS' efforts.

## Case Example for Objective 102

*IPAS-PAIMI was contacted by the client upon the urging of her NAMI Advocate. The client alleged that staff of the residential program, a Supervised Group Living house operated by a Comprehensive Mental Health Center (CMHC), had inappropriately “detained” her in a room. The client was in process of being transitioned out of Richmond State Hospital and was placed in the home for that purpose. She was receiving psychiatric care at the facility and was free to come and go as long as she was following the rules. During the morning of the incident it was reported that she had told staff that she was feeling stable and in control of her life for the first time. Later that same afternoon staff reported an increase in attention seeking behaviors and talk of self mutilation. She was “urged” to go to the dining room to de-escalate. She went cooperatively, sat down at the table and staff sat in the doorway to prevent her from leaving the room. Police were called after she requested to go for a walk to calm down and to make a call to her NAMI advocate to help her calm down. Both of these requests were denied and staff continued to block the door. She was subsequently removed to the CMHC’s In-Patient Unit, while she was initially allowed to return to the group home her attending psychiatrist felt that her continuing deterioration prompted the need to seek recommitment to the state facility.*

*Unfortunately, while IPAS could not determine whether or not the group homes staffs’ actions contribute to her need for reinstitutionalization, this did not change the position of her treating psychiatrist i.e., that her recommitment and reinstitution was needed, a position that was supported by the state hospital’s staff. IPAS chose to address the issues and actions of staff that appeared to have amplified the situation. Policies and procedures of the group home were analyzed and it was determined that the staff did not follow procedure in handling of the client’s behaviors. IPAS’ concerns were addressed by the facility in placing the identified staff member on an "Individual Performance Improvement Plan" and completion of the facility’s Crisis Prevention Institute. Following a review of the facility’s Clinical Incident Committee all residential staff received retraining on therapeutic communication and interventions, and a review of policy and procedures thus having a systemic impact on all the residents of the home.*

## OBJECTIVE 102 WAS MET.

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 103: Review internal investigations concerning the death of an individual that occurred within a mental health treatment facility.**

**Target Population:** Persons with a significant mental illness residing in mental health treatment facilities other than correctional facilities.

**Target:** 5 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI initiated 10 reviews.

## OBJECTIVE 103 WAS NOT MET

The majority of the deaths that IPAS is made aware of that occur in the state operated behavioral facilities for which IPAS' denial of access to records continues to be an issue. That issue is presently before the Seventh Circuit Court of Appeals in IPAS v. FSSA. This lack of access to records has hindered IPAS-PAIMI's ability to fully review and resolve those cases that were opened for monitoring.

The Seventh Circuit panel issued its decision on July 28, 2009. The panel, with Chief Judge Easterbrook writing, held that:

1. IPAS does not have a private right of action to bring a lawsuit in federal court to enforce the access provisions of the PAIMI Act.
2. IPAS, a state agency, is not a "person" for purposes of a Section 1983 claim.
3. Sovereign immunity bars IPAS, a state agency, from suing state officials in federal court. The rule of *Ex parte Young*, which allows a lawsuit against a state official to proceed in federal court when plaintiffs seek an injunction prohibiting state officials from violating federal law, does not apply when the plaintiff is a state agency. In addition the Court also suggested that IPAS' request for records was a remedy for a concrete injury, not injunctive relief.

On August 11, IPAS filed a Petition for Rehearing *en banc*, requesting that the entire Court reconsider the panel's decision. The United States and NDRN filed briefs in support of IPAS.

## **Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

### **Objective 104: Review allegations of inappropriate use of seclusion/restraints.**

**Target Population:** Adults with a significant mental illness residing in a treatment facility and children residing in a treatment facility providing psychiatric services to individuals under the age of 21.

#### **Target: 15 Reviews**

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 9 requests for reviews thus achieving the following results.

Of the 1 concluded review, were done with the following circumstances:

0%	0	Client withdrew their request for IPAS assistance.
100%	1	Issue was resolved in the client's favor.
0%	0	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
0%	0	IPAS obtained a remedy by way of an Administrative process.
0%	0	Client took assistance from IPAS and advocated on their own behalf.
0%	0	The initial complaint was remedied for the client.
100%	1	IPAS provided the client information concerning their rights.
0%	0	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

### **OBJECTIVE 104 WAS NOT MET**

IPAS' denial of access to records continues to be an issue, which is presently before the Seventh Circuit Court of Appeals in IPAS v. FSSA. This lack of access to records has hindered IPAS-PAIMI's ability to fully review and resolve those cases that were opened for monitoring. On August 11, IPAS filed a Petition for Rehearing *en banc*, requesting that the entire Court reconsider the panel's decision.

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 105: Review allegations of abuse or neglect of individuals receiving funding from the Residential Care Assistance Program (RCAP).**

**Target Population:** Persons with a significant mental illness receiving services through the Residential Care Assistance Program (RCAP), commonly referred to as RBAs .

**Target:** 10 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 7 requests for reviews thus achieving the following results.

Of the 5 concluded reviews, they were completed with the following circumstances:

20%	1	Client withdrew their request for IPAS assistance.
80%	4	Issue was resolved in the client's favor.
0%	0	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

60%	3	The initial allegation was substantiated.
40%	2	IPAS obtained a remedy by way of an Administrative process.
60%	3	Client took assistance from IPAS and advocated on their own behalf.
60%	3	The initial complaint was remedied for the client.
80%	4	IPAS provided the client information concerning their rights.
0%	0	Other positive outcomes were realized.
20%	1	There were Systemic changes due IPAS' efforts.

**Case Example for Objective 105**

*IPAS-PAIMI was contacted directly by the PAIMI-eligible client, a 49 year old female admitted to Lee Alan Bryant (LAB) with the diagnoses of Major Depression and PTSD. Her residency at LAB paid via the Room and Board Assistance (RBA). Her initial complaint was that staff was not following the doctor's orders as written. Specifically the vegetarian diet plan that the doctor had ordered, she claimed that had been provided was abruptly stopped without explanation. When IPAS-PAIMI inquired if she had accessed the internal facility grievance process, she reported that she had with no resolution.*

*Further inquiries from the IPAS-PAIMI advocated verified that the client was correct and her treating physician had ordered the specialized diet. The physician continued to report that it was appropriate for the facility to respect the vegetarian lifestyle choice of the client. The result of IPAS-PAIMI's simple inquiry of the status of the current physician's orders resulted in the immediate resolution and resumption of the client's diet. IPAS-PAIMI's staff then turned their focus to the internal facility grievance process to monitor and assessment.*

*IPAS-PAIMI's review of LAB's current policy found numerous issues from the lack of detail in the policy, lack of current information and lack of posted materials for residents. Additionally this client's grievance was not addressed in a timely matter as outlined in the policy.*

*Systemically for all the residents benefited from LAB administration retraining all of their staff on the rights of residents. Posters in the residential common areas were updated with a newly developed shortened Complaint Policy for residents. And lastly the posters were altered to reflect the current and correct grievance contacts for outside agencies.*

## **OBJECTIVE 105 WAS NOT MET**

With the decrease in numbers in potential pool of eligible clients residing in Residential Care Assistance Program (RCAP) sites, this objective was discontinued for the FFY 2010.

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 106: Review allegations of abuse and neglect within Indiana Department of Correction facilities.**

**Target Population:** Persons with a significant mental illness residing in a facility operated by the Indiana Department of Correction facility.

**Target:** 10 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 27 requests for reviews thus achieving the following results

Of the 9 concluded reviews, they were completed achieving the following circumstances:

11%	1	IPAS was unable to obtain a favorable solution for the client's position.
11%	1	Client withdrew their request for IPAS assistance.
11%	1	Issue was resolved in the client's favor.
67%	6	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
44%	4	IPAS obtained a remedy by way of an Administrative process.
56%	5	Client took assistance from IPAS and advocated on their own behalf.
44%	4	The initial complaint was remedied for the client.
89%	8	IPAS provided the client information concerning their rights.
11%	1	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## **OBJECTIVE 106 WAS MET**

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 107: Review allegations of abuse and neglect in jails (non Indiana Department of Correction facilities).**

**Target Population:** Persons with a significant mental illness residing in a jail (not an Indiana Department of Correction facility or Federal Facility).

**Target:** 10 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 12 requests for reviews thus achieving the following results.

Of the 6 concluded reviews, they were completed achieving the with the following circumstances:

17%	1	Client withdrew their request for IPAS assistance.
83%	5	Issue was resolved in the client's favor.
0%	0	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

67%	4	The initial allegation was substantiated.
50%	3	IPAS obtained a remedy by way of an Administrative process.
83%	5	Client took assistance from IPAS and advocated on their own behalf.
83%	5	The initial complaint was remedied for the client.
83%	5	IPAS provided the client information concerning their rights.
17%	1	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

### **Case Example for Objective 107**

*IPAS-PAIMI was contacted directly by the guardian on behalf of her grandson a PAIMI-eligible 21 year old male being detained and awaiting trial at the Lawrence County Jail. The caller's initial allegations were that the client was not receiving appropriate mental health treatment through administration of medications while incarcerated.*

*IPAS-PAIMI review of the documentation found these allegations to be unfounded as there was no evidence the individual's mental illness or other medical needs were not being met nor was there evidence of regression or worsening of mental illness or medical problems. During fact-finding it was discovered that the individual had been adjudicated incompetent on the basis of his disability and his grandmother had been named his legal guardian. This information had not been made known to the courts by the public defender assigned to defend the individual, and the individual was allowed to testify on his own behalf at the initial hearing. It was also questionable if the public defender understood the nature of the disability or how it might relate to legal issues and pending charges.*

*Thus the IPAS-PAIMI advocate met with the Public defender and offered non-legal advice and information on the causal nature of the individual's disability and suggested a competency evaluation should be requested from the court. Follow-up evidenced that the public defender had taken these suggestions and a competency evaluation had been ordered, further, the public defender had made the Judge and prosecutor aware of the individual's legal status and disability.*

*The guardian was empowered by IPAS-PAIMI through information provided to seek a diversion placement in lieu of incarceration.*

**OBJECTIVE 107 WAS MET**

**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 108: Review selected incidents of serious occurrences of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF).**

**Target Population:** Persons with a significant mental illness residing in facilities a designated as a psychiatric residential treatment facility (PRTF).

**Target:** 12 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 9 requests for reviews thus achieving the following results

Of the 6 concluded reviews, they were completed achieving the following circumstances:

17%	1	IPAS was unable to obtain a favorable solution for the client's position.
0%	0	Client withdrew their request for IPAS assistance.
83%	5	Issue was resolved in the client's favor.
0%	0	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

33%	2	The initial allegation was substantiated.
0%	0	IPAS obtained a remedy by way of an Administrative process.
67%	4	Client took assistance from IPAS and advocated on their own behalf.
83%	5	The initial complaint was remedied for the client.
100%	6	IPAS provided the client information concerning their rights.
67%	4	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## **OBJECTIVE 108 WAS NOT MET**

While this objective was not met in the FFY, IPAS-PAIMI has seen a steady growth in contacts regarding questions concerning residents at PRTFs and believes that further outreach efforts in FFY 2010 will see a demand for services meeting the objective.



**Goal 1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.**

**Objective 109: Review allegations of abuse and neglect in juvenile detention facilities.**

**Target Population:** Persons with a significant mental illness residing in a juvenile detention facility. (Non Federal and non IDOC facilities).

**Target:** 5 Reviews

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 4 requests for reviews thus achieving the following results

Of the 2 concluded reviews, they were completed achieving the following circumstances:

0%	0	Client withdrew their request for IPAS assistance.
50%	1	Issue was resolved in the client's favor.
50%	1	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
0%	0	IPAS obtained a remedy by way of an Administrative process.
100%	2	Client took assistance from IPAS and advocated on their own behalf.
100%	2	The initial complaint was remedied for the client.
100%	2	IPAS provided the client information concerning their rights.
0%	0	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## **OBJECTIVE 109 WAS NOT MET**

While this objective was not met in the FFY, plans call for changes in the outreach efforts for FFY 2010 to include active monitoring of selected facilities. It is believed that the change in the procedural approach by IPAS-PAIMI will see a demand for services thus increasing the likelihood of success of this objective.

**Goal 2: To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.**

**Objective 201: Review allegations on behalf of students where the school, due to a proposed or instituted change of educational placement or suspension or expulsion, has or will reduce educational services and advocate for the restoration of services provided in the least restrictive environment.**

**Target Population:** Children with a significant mental illness and/or identified as Emotional Handicapped (as per IDEA) are inappropriately denied FAPE due to suspension or expulsion due to their disability.

**Target:** 30 Representations

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 26 requests for representations thus achieving the following results in the 16 concluded cases.

31%	5	Client withdrew their request for IPAS assistance.
69%	11	Issue was resolved in the client's favor.
0%	0	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
56%	9	IPAS obtained a remedy by way of an Administrative process.
75%	12	Client took assistance from IPAS and advocated on their own behalf.
75%	12	The initial complaint was remedied for the client.
94%	15	IPAS provided the client information concerning their rights.
0%	0	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## **Case Example for Objective 201**

*IPAS-PAIMI was contacted directly by the mother on the behalf of her son a PAIMI-eligible client, a 16 year old reportedly with the diagnoses of Autism Spectrum disorder and Schizophrenia. This case was opened to assist the mother in obtaining a free and appropriate educational program for her son.*

*Reportedly the staff at the LEA (school's name is being withheld to protect the client's identity) did not recognize the need to make any educational accommodations for his disabilities hence denying him a chance to benefit from his educational program. Further they were refusing to conduct any educational evaluations at the schools expense. After attendance at an educational case conference and meetings with educational staff, IPAS-PAIMI assisted the parent in filing a formal complaint with the Indiana Department of Education on these issues. Following the issuance of favorable decisions on the client's behalf, subsequent educational evaluations were completed ay school's expense. Despite recommendations for the provision of transportation as a related service the school again refused, prompting yet another formal complaint on the client's behalf. Another favorable ruling was issued, requiring the school to provide or reimburse the parent for transportation services and other related services that were educationally relevant.*

*IPAS-PAIMI continued to work with the parent assisting her to acquire skills in assuring that her son's educational rights were being maintained and attending case conferences and educational meetings to develop and implement an appropriate education program.*

## **OBJECTIVE 201 WAS NOT MET**

**Goal 2: To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.**

**Objective 202: Represent individuals with a significant mental illness who allegedly have been subject of discrimination and was denied either services or access under the ADA Title 2 and 3, or Fair Housing Act.**

**Target Population:** Persons with significant mental illness residing in the community and/or treatment facility that

are discriminated or denied a right due to a discriminatory act on the basis of their disability.

**Target:** 10 Representations

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 10 requests for representations thus achieving the following results in the 9 concluded cases.

22%	2	Client withdrew their request for IPAS assistance.
44%	4	Issue was resolved in the client's favor.
33%	3	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
44%	4	IPAS obtained a remedy by way of an Administrative process.
89%	8	Client took assistance from IPAS and advocated on their own behalf.
67%	6	The initial complaint was remedied for the client.
100%	9	IPAS provided the client information concerning their rights.
22%	2	Other positive outcomes were realized.
11%	1	There were Systemic changes due IPAS' efforts.

## **Case Example for Objective 202**

*This case originated from the direct contact of client, a PAIMI-eligible 49 year old female with a Major Depressive Disorder living in the community. She contacted IPAS-PAIMI requesting direct advocacy assistance to assist her in her dispute with her landlord concerning right to the use of a service animal. While not required, her Psychiatrist had written a prescription for the dog, in response the landlord announced that a fee would be assessed and she would only be allowed a specific type of service animal as dictated by the landlord.*

*The IPAS-PAIMI advocate successful negotiated and assisted the client's landlord in understanding their responsibility under the Fair Housing Act. The client subsequently received a Greyhound dog, from Greyhound Rescue, as her therapeutic service animal and both her and her service animal continue to live in the community independently. Thus her rights to a service animal were restored.*

## **OBJECTIVE 202 WAS MET**

**Goal 2: To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.**

**Objective 203: Represent individuals with a significant mental illness who allegedly have been subjected to disability based discrimination that appears to have systemic implication.**

**Target Population:** Persons with significant mental illness residing in the community or a treatment facility of Indiana.

**Target:** 3 Investigations

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 3 requests for investigations thus achieving the following results in one concluded investigation.

0%	0	Client withdrew their request for IPAS assistance.
0%	0	Issue was resolved in the client's favor.
100%	1	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

0%	0	The initial allegation was substantiated.
0%	0	IPAS obtained a remedy by way of an Administrative process.
100%	1	Client took assistance from IPAS and advocated on their own behalf.
100%	1	The initial complaint was remedied for the client.
100%	1	IPAS provided the client information concerning their rights.
100%	1	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## **OBJECTIVE 203 WAS MET**

**Goal 2: To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.**

**Objective 204: Represent individuals with a significant mental illness to ensure that medication or treatment complaints (other than abuse or neglect) are communicated to and fully addressed by the appropriate entity.**

**Target Population:** Persons with significant mental illness residing in the community and/or treatment facility that are discriminated or denied a right by their treatment provider as outlined in the either 42 USC 10841 (Reinstatement of the Bill of Rights for Mental Health Patients) or IC 12-27.

**Target:** 10 Investigations

**Outcome :** During FFY 2009 IPAS-PAIMI responded to 31 requests for investigations thus achieving the following results in the 23 concluded investigations.

13%	3	Client withdrew their request for IPAS assistance.
70%	16	Issue was resolved in the client's favor.
17%	4	Cased was closed as the issue was not considered meritorious.

Overall of the closures the following outcomes were achieved:

13%	3	The initial allegation was substantiated.
43%	10	IPAS obtained a remedy by way of an Administrative process.
65%	15	Client took assistance from IPAS and advocated on their own behalf.
57%	13	The initial complaint was remedied for the client.
96%	22	IPAS provided the client information concerning their rights.
13%	3	Other positive outcomes were realized.
0%	0	There were Systemic changes due IPAS' efforts.

## Case Example for Objective 204

*IPAS-PAIMI became involved following a call from a PAIMI-eligible 73 year old male currently living in the community, his allegations concerned the disappearance of his personal items while he had been hospitalized at the state facility, Larue D. Carter Memorial Hospital (LCH). The estimated value of the items was reported as \$23.00.*

*When IPAS-PAIMI contacted the Staff at LCH to inquire details surrounding the allegations of the client, LCH staff reported that the client's allegations were probably true, although as to the identity of the perpetrator would be unknown. Thus the issue as to who is responsible to safeguard client's belongings is an issue, the hospital or resident. The assigned IPAS-PAIMI advocate's review of the documentation maintained by the facility found that the items had been taken from the client by staff as contraband (cigarettes) and disposed of. In light of this information, the facility chose to reimburse the client for the value of the items that the staff had seized.*

## OBJECTIVE 204 WAS MET

**Goal 3: Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.**

**Objective 301: Attend the Resident/Human Rights Committee meetings of the facilities operated by the Division of Mental Health and Addiction.**

**Target Population:** Persons with significant mental illness residing in facilities operated by the Division of Mental Health and Addiction.

**Target: 75% Attendance**

**Outcome :** For the year IPAS-PAIMI attended 65%, 42 of 65, of the meetings for the year.

The basic, most general goal and purpose of all Resident/Human Rights Committees is to assist with protecting and enhancing the rights and dignity of persons receiving services at the state operated facilities while promoting the facility's code of organization ethics and the State of Indiana Code of Ethics. However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies which may impact patient rights', while another may review the specific treatment plan of the most difficult-to-treat patients, oftentimes requiring discussion of treatment modalities which may also include rights implications.

IPAS-PAIMI Advocates, use this forum to raise concerns regarding systemic resident rights issues in addition to advocating for residential rights reading any proposed policy or procedure that comes before the committee as a non-voting member. Thus the impact of IPAS-PAIMI efforts ranges from resolving single client issues, to educating other members on the committee and having systemic impact on hospital policies specific to that facility. One example of systemic change at one facility, staff on the adolescent unit lifted their ban on residents writing individual journals. While another policy that would have required all residents to have escorts when off their units was not implemented, leaving in place the current practice that individual treatment teams determine that level of needed supervision for residents while off a unit.

## **OBJECTIVE 301 WAS NOT MET**

Due to the continued litigation and the attendance was not possible for IPAS-PAIMI's attendance in the 3 meetings which would have achieved this objective's goal of 75%. Given the historical success of this forum, it will be continued into the next fiscal year.

**Goal 3: Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.**

**Objective 302: Attend at meetings of committees, groups or task forces selected by Indiana Protection and Advocacy which appear to have systemic implications concerning policies and practices affecting the State's response to disability rights for individuals with a significant mental illness.**

**Target Population:** Committees, groups or task forces which develop regional or state policies or practices which impact the lives of persons with a significant mental illness residing in the community and/or treatment facility in Indiana.

**Target: 75% Attendance**

**Outcome :** IPAS-PAIMI attended 79%, 11 of 14, meetings for the year.

The basic, most general goal and purpose of any committee or group attended by IPAS-PAIMI Committees is to assist with protecting and enhancing the rights and dignity of persons with disabilities receiving services. However, the more specific goal and purpose of each group depends upon the mission and focus of the group. Some groups review proposed systemic policies which may impact individual rights', while others may review the specific plans of the service.

IPAS-PAIMI Advocates, use these forums to raise concerns regarding systemic rights issues in addition to advocating for individual rights, reading any proposed policy or procedure that comes before the committee as a non-voting member.

Thus IPAS-PAIMI agreed to participate in the Mental Health Association in Marion County Adult Guardianship Committee. This Committee currently provides guardianships services for fifty-three (53) clients, with four additional wards to be added through impending court hearings. Here IPAS-PAIMI advocates for the client's right to exercise as much as possible individual choice and decision within the context of a guardianship.

The past year represented the second year of the three year SAMHSA grant: *Alternatives To Restraint and Seclusion*. IPAS-PAIMI representatives participate both at the facility level and state level committees to monitor and offer technical assistance in regards to rights as the state continues to implement the grant.

## **OBJECTIVE 302 WAS MET**

**Goal 3: Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.**

**Objective 303: Advocate for the adoption and implementation of rules by the Department of Education concerning the application and staff training regarding minimal standards to guide the use of restraint and/or seclusion in the schools.**

**Target Population:** The Special Education children identified as Emotionally Handicapped which is approximately 14,400. However the entire pool of potential clients is estimated to be approximately 85,791 children identified as having a serious emotional disturbance.

**Target:** Rule or Policy Adoption

**Outcome :** IPAS-PAIMI was notified that one school system, Plainfield Community School Corp., has subsequently adopted a school-wide policy concerning the use of restraints and seclusion following the release of the IPAS' study concerning the lack of policies in most Indiana schools. During the year IPAS-PAIMI distributed copies of the two books *'Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies'* and *'Time-Out, Seclusion, and Restraint in Indiana Schools' Literature Review'* to all of Indiana's LEA Superintendents and School Boards. Additionally, two separate mailings were made to all of Indiana's Principals for a total of 3800 mailings in addition to all of the PTO/PTA Presidents (1900 mailings). IPAS-PAIMI posted its publication on its website which recorded for the year 634 views, which would indicate the documents were downloaded.

**OBJECTIVE 303 WAS MET.**

**Goal 3: Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.**

**Objective 304: Publish a comprehensive report concerning the current practice of the use of restraint and seclusion in Children's Homes and Child Caring Institutions.**

**Target Population: Children residing within Child caring institution residents who have mental illness.**

**Target: 1 Report**

**OBJECTIVE 304 WAS NOT MET**

Developments on the federal level have delayed the initial approach, at the conclusion of the year IPAS-PAIMI had begun receiving the responses from our survey and request for policies. Unfortunately, unlike the Public Schools, these types of facilities were not required to share their policies upon request. It is hoped that in the new fiscal year that enough facilities will choose to share to make data analysis meaningfully.

### SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

Provide the number of individual PAIMI-eligible individuals for the categories listed below. Count an individual only once during each FY reporting period (even if the client returned for services many times or if many intervention strategies were provided. Include individuals carried over from the previous year but do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.

Please complete each of the following sections. DO NOT leave any blank spaces. If no individuals were served in any category, list zero. Make sure that the total individuals served in each sub-category is consistent. The total in 3.A.3. should equal the totals listed in each of the following categories: 3.C. Age of Individuals; 3.D. Gender of Individuals; and, 3.F. Individual Living Arrangements.

#### 3. A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS.

**3. A.1. Total of PAIMI-eligible individuals who were receiving advocacy at start of FY. 64**

[This category reflects the number of individuals supported with PAIMI Program funds or program income who had cases from the preceding FY still open on October 1. DO NOT REPORT INDIVIDUALS SERVED WITH NON-FEDERAL DOLLARS IN THIS SECTION, report these individuals in Section 8].

**3. A.2. Total of new/renewed PAIMI-eligible individuals served during the FY. 130**

[This is the number of individuals who had a case opened during the reporting period (October 1 and September 30). Do not report individuals served with non-Federal dollars in this section, report these individuals in Section 8].

**3. A.3. Total of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2. 194.**

Reflects the total number of *individuals* served with PAIMI Program dollars, including program income, during the fiscal reporting period and is an unduplicated count of all PAIMI-eligible individuals who received individual case representation].

**3. A.4. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact either due to insufficient PAIMI funding 3.A.4.i. 8 or non-priority issues 3.A.4.ii 817**  
[include individuals who received other services such as information and referral in-lieu]. **TOTAL 3.A.4. [Equals the sum of 3.A.4.i. &3.A.4.ii] 825.**



## SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

**3. A.5. Identify populations, advocacy issues and activities (systemic, legislative, educational, training, etc.) from 3.A.4.i. and/or 3.A.4.ii. that will be addressed in the future.**

- IPAS-PAIMI will be continuing its litigation in order to exert its access authority to the clients and records.
- Access to treatment for individuals with mental illness within the state's correctional system will continue via litigation in a class action lawsuit.
- Additionally IPAS-PAIMI will continue its systemic efforts concerning the lack of policy, regulations regarding the unfettered use of restraint and seclusion of children within the public school system. This effort will be expanded to include the minimal regulated child caring institutions.

### 3. B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE INDIVIDUALS.

**Total**  
**228**

**[3.B. refers to the total number of complaints/problems presented at the time the individual contacted the P&A for assistance. The number may be higher than the total number of PAIMI-eligible individuals served by the P&A because each individual may have more than one complaint/problem to be addressed].**

### 3. C. AGE OF INDIVIDUALS\* [See 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]

<b>0 – 4</b> <u>0</u>	<b>5 – 12</b> <u>15</u>	<b>13 – 18</b> <u>29</u>	<b>19- 25</b> <u>15</u>	<b>25 – 64</b> <u>127</u>	<b>64+</b> <u>8</u>	<b>Total</b> <u>194</u>
-----------------------	-------------------------	--------------------------	-------------------------	------------------------------	---------------------	-------------------------

**\*The total of 3.C. should equal the total number of individuals served listed in 3. A.3**

### 3. D. GENDER OF INDIVIDUALS\*

<b>3.D.1. Male</b> <u>132</u>	<b>3.D.2. Female</b> <u>62</u>	<b>3.D.3. Total*</b> <u>194</u>
-------------------------------	--------------------------------	---------------------------------

**\*3.D.3. should equal the total number of individuals served listed in 3. A.3**

### 3. E. ETHNICITY/RACIAL BACKGROUND OF PAIMI-ELIGIBLE INDIVIDUALS

<b>1. American Indian/ Alaska Native</b>	<u>3</u>	<b>4. Hispanic/Latino</b>	<u>9</u>
<b>2. Asian</b>	<u>0</u>	<b>5. Native Hawaiian/ Other Pacific Islander</b>	<u>0</u>
<b>3. Black/African American</b>	<u>33</u>	<b>6. White</b>	<u>149</u>
<b>TOTAL</b>			<b><u>194</u></b>

**[The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3.]**

***PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.***

## **SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS**

<b>3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.</b>	<b>TOTAL</b>
<b>1 - Independent</b>	<b><u>25</u></b>
<b>2 - Parental or other family home</b>	<b><u>32</u></b>
<b>3 - Community residential home for children/youth (0-18 years), e.g. , supervised apartment, semi-independent, halfway house, board &amp; care, small group home (3 or less).</b>	<b><u>1</u></b>
<b>4 - Adult community residential home, e. g., supervised apartment, semi-independent, halfway house, board &amp; care, small group home (3 or less).</b>	<b><u>5</u></b>
<b>5 - *Non-medical community-based residential facility for children &amp;</b>	<b><u>0</u></b>
<b>6 - Foster Care</b>	<b><u>1</u></b>
<b>7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)</b>	<b><u>0</u></b>
<b>8 - *Intermediate Care Facilities (ICF)</b>	<b><u>0</u></b>
<b>9 - * Public and Private General Hospitals, including emergency rooms.</b>	<b><u>0</u></b>
<b>10 - * Other health facility</b>	<b><u>1</u></b>
<b>11 - Psychiatric wards (public or private)</b>	<b><u>13</u></b>
<b>12 - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).</b>	<b><u>53</u></b>
<b>13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).</b>	<b><u>14</u></b>
<b>14 - Legal Detention/Jail/Detention Center</b>	<b><u>29</u></b>
<b>15 - State Prison</b>	<b><u>17</u></b>
<b>17 - Homeless</b>	<b><u>3</u></b>

<b>18 - Federal Facility (List)</b>	<b>a. Detention</b>	<b>b. Prison</b>	<b>c. Veterans Hospital</b>	<b>d. Military</b>	<b>e. Other (describe)</b>	<u><b>0</b></u>
<b>TOTAL</b>						<u><b>194</b></u>
<b><i>The TOTAL for 3.F. equals the total listed in 3. A.3</i></b> *Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).						

<b>SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS</b>						
<b>4. A.1. AREAS OF ALLEGED ABUSE:</b> <b>Number of complaints/problems – Make every effort to report within the following categories:</b>		Number from Closed Cases only	<b>OUTCOMES</b>			
		<b>TOTAL</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a. Inappropriate or excessive medication</b>		<u><b>7</b></u>	<u><b>1</b></u>	<u><b>0</b></u>	<u><b>2</b></u>	<u><b>4</b></u>
<b>b. Inappropriate or excessive</b>						
<b>1. Physical restraint</b>		<u><b>1</b></u>	<u><b>0</b></u>	<u><b>1</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>2. Chemical restraint*</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>3. Mechanical restraint*</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>4. Seclusion</b>		<u><b>1</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>1</b></u>	<u><b>0</b></u>
<b>c. Involuntary medication</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>d. Involuntary Electrical Convulsive Therapy (ECT)</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>e. Involuntary aversive behavioral therapy</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>f. Involuntary sterilization</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>g. Failure to provide appropriate mental health treatment</b>		<u><b>33</b></u>	<u><b>10</b></u>	<u><b>0</b></u>	<u><b>7</b></u>	<u><b>16</b></u>
<b>h. Failure to provide needed or appropriate treatment for other serious medical problems</b>		<u><b>14</b></u>	<u><b>2</b></u>	<u><b>0</b></u>	<u><b>1</b></u>	<u><b>11</b></u>
<b>i. Physical Assault</b>						
<b>1. Serious injuries related to the use of seclusion and restraint.*</b>		<u><b>1</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>1</b></u>
<b>2. Serious injuries NOT related to seclusion and restraint.</b>		<u><b>4</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>4</b></u>
<b>j. Sexual assault</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>k. Threats of retaliation or verbal abuse by facility staff</b>		<u><b>3</b></u>	<u><b>1</b></u>	<u><b>0</b></u>	<u><b>1</b></u>	<u><b>1</b></u>
<b>l. Coercion</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>m. Financial exploitation</b>		<u><b>1</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>1</b></u>	<u><b>0</b></u>
<b>n. Suspicious death</b>		<u><b>1</b></u>	<u><b>1</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>o. Other - Specify the type of</b>		<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>

<b>complaint. Please describe on a separate sheet. [This number should be less than 1% of the total # of abuse complaints].</b>					
<b>TOTAL</b>	<u><b>66</b></u>	<u><b>15</b></u>	<u><b>1</b></u>	<u><b>13</b></u>	<u><b>37</b></u>
*Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 -290jj-2]. See also, the PAIMI Act 42 U.S.C. 10802(1)(A) - (D).					

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. A.2. ABUSE OUTCOME STATEMENTS

**For each area of alleged abuse in 4.A.1., choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the "outcome" columns (A, B, C, and D).**

**A. Persons with disabilities whose environment was changed to increase safety or welfare. 16**

**B. Positive changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made). 3, all at Logansport State Hospital**

**C. Validated abuse complaints that were favorably resolved as a result of P&A intervention. 13**

**D. Other indicators of success or outcomes that resulted from P&A involvement (explain). Total: 34**

Abuse not substantiated – 17

Advised clients of rights and how to self-advocate - 5

Validated abuse, but unable to favorably resolve the situation - 2

Determined that client is receiving appropriate treatment – 9

Client withdrew request - 1

### 4. A.3. ABUSE COMPLAINTS DISPOSITION

**For closed cases listed in Table 4.A.1., provide the number of abuse complaints/problems for each disposition category.**

<b>a. Number of complaints/problems determined after investigation not to have merit.</b>	<u><b>22</b></u>
<b>b. Number complaints/problems withdrawn or terminated by client.</b>	<u><b>3</b></u>
<b>c. Number of complaints/problem favorably resolved in the client's favor.</b>	<u><b>39</b></u>
<b>d. Number of complaints/problem not favorably resolved in the client's favor.</b>	<u><b>2</b></u>
<b>e. TOTAL number of complaints/problem addressed from closed cases. [The sum of Items 4.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.].</b>	<u><b>66</b></u>

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. B.1. AREAS OF ALLEGED NEGLECT – [failure to provide for appropriate . . .] - Number of Complaints/Problems:	Number from  <i><u>Closed Cases</u></i> only.	OUTCOMES				
	TOTAL	A	B	C	D	E
a. Admission to residential care or treatment facility	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
b. Transportation to/from residential care or treatment facility	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
c. Discharge planning or release from a residential care or treatment facility	<u>10</u>	<u>1</u>	<u>0</u>	<u>4</u>	<u>1</u>	<u>4</u>
d. Mental health diagnostic or other evaluation (does not include treatment)	<u>2</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>
e. Medical (non-mental health related) diagnostic or physical examination	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
g. Physical plant or environmental safety	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
h. Personal safety (client-to-client abuse)	<u>4</u>	<u>3</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
i. Written treatment plan	<u>6</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>5</u>
j. Rehabilitation/vocational programming	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
k. Other. [Please describe. However, make every effort to report within the above categories.]	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<u>23</u>	<u>4</u>	<u>2</u>	<u>6</u>	<u>1</u>	<u>10</u>

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. B.2. NEGLECT OUTCOME STATEMENTS

For each area of alleged neglect listed in Table 4.B.1. , choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, D, and E).

**A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention. 5**

**B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities). 2**

**C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement. 6**

**D. Persons with disabilities whose treatment plans met selected criteria. 1**

**E. Other indicators of success or outcomes that resulted from P&A involvement (explain).**

**Total: 9**

Unable to substantiate neglect – 2

Determined that client is receiving appropriate treatment – 3

Advised clients of rights and how to self-advocate - 4

### 4. B.3. NEGLECT COMPLAINTS DISPOSITION

For closed cases listed in Table 4.B.1., provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)].

<b>a. Number of complaints/problems determined after investigation not to have merit.</b>	<b><u>6</u></b>
---	-----------------

<b>b. Number complaints/problems withdrawn or terminated by the client.</b>	<b><u>1</u></b>
---	-----------------

<b>c. Number of complaints/problem favorably resolved in the client's favor.</b>	<b><u>16</u></b>
--	------------------

<b>d. Number of complaints/problem not favorably resolved in the client's favor.</b>	<b><u>0</u></b>
--	-----------------

<b>e. TOTAL number of complaints/problem addressed from closed cases.</b> <i>[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.]</i>	<b><u>23</u></b>
---	------------------

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ; Number of Complaints Problems	Number from closed Cases only TOTAL	Outcomes			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
a. Housing Discrimination	<u>5</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>2</u>
b. Employment Discrimination	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
d. Guardianship/ Conservator problems	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
e. Denial of rights protection information or legal assistance	<u>4</u>	<u>3</u>	<u>1</u>	<u>0</u>	<u>0</u>
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	<u>2</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>
h. Denial of visitors	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
i. Denial of access to or correction of records	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
k. Failure to obtain informed consent (see also, involuntary treatment)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
l. Failure to provide education (consistent with IDEA and state requirements)	<u>16</u>	<u>5</u>	<u>8</u>	<u>0</u>	<u>3</u>
m. Advance directives issues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
n. Denial of parental/family rights	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
o. Consumer financial issues	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
p. Immigration issues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
q. Criminal justice issues	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
r. Denial of community habilitation services	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
s. Health insurance/managed care issues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
t. Other. [Please describe separately. Make every effort to report within the above categories.]	<u>6</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>3</u>
Discrimination in food choices (Miami Correctional)	1	0	0	1	0
Discrimination in use of service animal	1	0	0	0	1
Allegation of theft of personal property by facility	2	0	0	0	2
Deaf communications (Putnamville Correctional Facility)	1	0	0	1	0
Allegation of refusal of mental health treatment	1	1	0	0	0
<b>TOTAL (Sum of items a. - t.)</b>	<b><u>37</u></b>	<b><u>11</u></b>	<b><u>12</u></b>	<b><u>2</u></b>	<b><u>12</u></b>

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

For each category of alleged rights violation listed in Table 4.C.1., choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, or D).

**A. Persons with disabilities served by the P&A whose rights were restored as a result of P&A Intervention. 3**

**B. Persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention. 4**

**C. Policies or laws changed and other barriers to personal decisions making eliminated as a result of P&A intervention. 2**

**D. Other outcomes as a result of P&A involvement: Total – 12**

Client did not cooperate sufficiently to enable a full investigation of the issue – 3

Following investigation, determined issue had no merit – 6

Issue resolved prior to P&A investigation – 1

P&A legal decided the program in which the client wished to enroll was of a questionable nature and, therefore, IPAS could not advocate for participation therein. – 1

Unable to complete investigation of the issue because unable to locate client - 1

### 4. C.3. RIGHTS VIOLATIONS DISPOSITION

For closed cases listed in Table 4.C.1., provide the numbers of rights complaints or problem areas for each disposition category.

<b>a. Number of complaints/problems determined after investigation not to have merit.</b>	<b><u>3</u></b>
---	-----------------

<b>b. Number complaints/problems withdrawn or terminated by client.</b>	<b><u>2</u></b>
---	-----------------

<b>c. Number of complaints/problems favorably resolved in the client's favor.</b>	<b><u>11</u></b>
---	------------------

<b>d. Number of complaints/problems not favorably resolved in the client's favor</b>	<b><u>0</u></b>
--	-----------------

<b>e. The TOTAL number of complaints/problem addressed from closed cases. [The sum of items 4.C.3. a - d equals the total for 4.C.3.e. which must equal the total in Table 4. C.1.].</b>	<b><u>16</u></b>
--	------------------



## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. D.1. INTERVENTION STRATEGIES

Report the number of intervention strategies and the outcomes used to address each individual complaint/problem area in Section 4. D.3.

***Some clients may have more than one complaint/problem and each may require more than one intervention strategy, therefore, the total number of intervention strategies used may exceed the total number of individuals served.***

**DO NOT REPORT EACH PHONE CALL, LETTER, MEETING OR OTHER ACTION TAKEN ON BEHALF OF A CLIENT AS A SEPARATE INTERVENTION STRATEGY.**  
[Referrals, counseling, and negotiation are considered cumulative processes].  
See Glossary for the definitions of “Intervention Strategies.”

### 4. D. 2. INTERVENTION STRATEGY OUTCOMES

Strategy	Outcomes							
	Total	A	B	C	D	E	F	G
1. Short Term Assistance	<u>43</u>	<u>13</u>	<u>11</u>	<u>27</u>	<u>18</u>	<u>1</u>	<u>4</u>	<u>6</u>
2. Abuse/Neglect Investigations	<u>132</u>	<u>68</u>	<u>42</u>	<u>90</u>	<u>62</u>	<u>24</u>	<u>65</u>	<u>20</u>
3. Technical Assistance	<u>12</u>	<u>7</u>	<u>6</u>	<u>11</u>	<u>8</u>	<u>0</u>	<u>1</u>	<u>2</u>
4. Administrative Remedies	<u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
5. Negotiation/ Mediation	<u>10</u>	<u>6</u>	<u>5</u>	<u>8</u>	<u>6</u>	<u>2</u>	<u>2</u>	<u>2</u>
6. Legal Remedies	<u>24</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS:</b>	<u>224</u>	<u>95</u>	<u>65</u>	<u>137</u>	<u>95</u>	<u>27</u>	<u>72</u>	<u>30</u>

## **SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS**

### **4. D.3. OUTCOME STATEMENTS FOR COMPLAINTS/PROBLEMS OF INDIVIDUALS**

**As applicable, for each area of client advocacy activity listed in 4.D.2., select one (1) or more of the following outcome statements that either best describe or relate to the complaint(s)/problem(s) of PAIMI-eligible individuals. Record your choices in 4.D.2.**

**Enter the appropriate letter(s) in the “outcome” column of Table 4.D.3.**

**A. Persons with disabilities (or their family members) served by the P&A whose complaint of abuse, neglect, or rights violation were remedied by the P&A.**

**B. Persons with disabilities (or their family members) who secured access to administrative remedies, received education or training about their rights, and as a result were empowered to become more effective self advocates.**

**C. Persons with disabilities who secured information about their rights and rights enforcement strategies as a result of P&A intervention.**

**D. Persons with disabilities who advocated on their own behalf as a result of P&A intervention.**

**E. Allegations of abuse or neglect that were substantiated by P&A.**

**F. Allegations of abuse or neglect that were not substantiated by P&A.**

**G. Other outcomes as a result of P&A involvement.**

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4.E. DEATH INVESTIGATION ACTIVITIES

See, the PAIMI Act 42 U.S.C. at 10801(b)(2)(B) and 10802(1), and PAIMI Program expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj-2.

**4. E.1. The number of deaths of PAIMI-eligible individuals reported to the P&A for investigation by the following entities:**

**4. E.1. a. The State. (0)**

**b. The Center for Medicaid & Medicare Services (Regional Offices). (0)**

**c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc. concerned citizen (10)**

**d. TOTAL (10)**

**4. E.1.e. *If the information requested in 4.E.1. was not available, please explain.***

<b>4. E.2. All P&amp;A Death investigations conducted involving PAIMI-eligible individuals related to the following:</b>	<b>Total</b>
<b>a. Number of deaths investigated involving incidents of seclusion (S).</b>	<b>0</b>
<b>b. Number of death investigated involving incidents of restraint (R).</b>	<b>0</b>
<b>c. Number of deaths investigated <i>NOT</i> related to incidents of S &amp; R.</b>	<b>10</b>
<b>d. Total Number of deaths investigated [Sum of 4.E.2. a-c].</b>	<b>10</b>

## **SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS**

### **4.E. DEATH INVESTIGATION ACTIVITIES**

**4.E.3. If you reported deaths in categories 4.E.2.a., 4.E.2.b., and/or 4.E.2.c., then please provide the following information on one (1) death from each category, as appropriate:**

- A brief summary of the circumstances about the death.**
- A brief description of P&A involvement in the death investigation.**
- A summary of the outcome(s) resulting from the P&A death investigation.**

IPAS-PAIMI's approach to a death of an individual with mental illness is to monitor the facility's internal investigation as well as any investigation completed by an outside regulatory agency.

For this case example, the initial report was received from an anonymous caller, alleging that the client had experienced severe weight loss and diarrhea during the week prior to his death. The caller further claimed that the staff at Lee Alan Bryant (LAB), a Room and Board Assistance (RBA) facility, had failed to provide any medical attention or intervention. Hence the case was viewed by IPAS-PAIMI as a suspicious death.

Upon initial review of records it was determined that the deceased was a 45 years old male with a lengthy medical history that included diagnoses of Schizophrenia and Diabetes. IPAS-PAIMI embarked upon a review of the agency policies and conducted interviews of staff, which revealed that LAB had failed to notify any of the appropriate agencies of the client's death. Compelled by IPAS-PAIMI's findings, the facility's staff completed the appropriate notifications to the appropriate agencies, Adult Protective Services (APS) and Indiana State Department of Health (ISDH). Additionally IPAS confronted the facility's administration with the failure of its staff to follow its own internal policy in regards to investigating and analyzing "Unusual Occurrences".

Subsequently, IPAS then engaged in the monitoring of the investigatory activities of the facility, ISDH and local Coroner. The three entities concluded that the client's death was due to Desquamative Pneumonitis and had not been the result of either neglect nor abuse per the provider's operating regulations.

Systemically due to IPAS-PAIMI's discovery of the failure by staff to report incidents in a timely notification, all staff was retrained concerning the facility's Policies of Incident Reporting.

However the majority of the deaths that IPAS is made aware of occur in the state operated behavioral facilities for which IPAS' denial of access to records continues to be an issue, which is presently before the 7th Circuit Court of Appeals in IPAS v. FSSA.

## SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

This section captures information, which is ***NOT*** reflected in previous sections of this report, on how the P&A program used its PAIMI Program funds (including PAIMI Program income) *to support non-individual client activities* To complete Table 5.F. ***TYPES of INTERVENTIONS, refer to the guidance in Sections 5.A. – 5.E.***

Under each intervention, as applicable, report each annual program priority activities for the FY & the other information requested. The items listed in the table's left column and the numbers reported for each category should relate to the narrative section that follows.

### 5. A. ***GUIDANCE FOR REPORTING NUMBERS OF INDIVIDUALS POTENTIALLY IMPACTED BY P&A INTERVENTIONS***

TYPES OF INTERVENTION	GUIDANCE FOR DETERMINING NUMBER* OF INDIVIDUALS * [The number of persons potentially impacted within the fiscal year for which the PPR is submitted].
<b>GROUP ADVOCACY</b> (non-litigation)	Estimated number of people with disabilities impacted by this change, i.e., Count of People with Disabilities (PWD) that are normally impacted by this practice, policy and or structure.
<b>INVESTIGATIONS</b> (non-death related)	Estimated number of PWD impacted by this change.
<b>FACILITY MONITORING SERVICES</b>	Estimated number of PWD impacted. (i.e., Count of PWD living in facility)
<b>COURT ORDERED MONITORING</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted by COM)
<b>CLASS LITIGATION</b>	Estimated number of PWD impacted by this change (i.e., Count of PWD impacted by this litigation).
<b>LEGISLATIVE &amp; REGULATORY ADVOCACY</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD that are normally impacted by this practice, policy and or structure)
<b>OTHER</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted specified intervention).

## **SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS**

### **5. B. GUIDANCE FOR DETERMINATION OF *CONCLUDED SUCCESSFULLY*\* FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.**

***Interventions reported in the Table 5. A., are considered to be concluded successfully if they meet any one of the following six (6) positive outcome statements:***

- 1. The intervention resulted in a positive change in a policy, law, regulation, or other barrier for persons with disabilities.**
- 2. The intervention changed the environment to increase safety or welfare for persons with disabilities**
- 3. The intervention resulted in a positive change through the restoration of client rights, the expansion or maintenance of personal decision-making, or the elimination of other barriers to personal decision-making for persons with disabilities**
- 4. The intervention resulted in persons with disabilities securing access to administrative or judicial processes.**
- 5. The intervention resulted in persons with disabilities securing information about their rights and strategies to enforce their rights.**
- 6. The intervention resulted in persons with disabilities taking action to advocate on their own behalf.**

## **SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI- ELIGIBLE INDIVIDUALS**

### **5. C. GUIDANCE FOR DETERMINATION OF *CONCLUDED UNSUCCESSFULLY*\* FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.**

***Intervention activities reported in Table 5.F. ARE CONCLUDED UNSUCCESSFULLY IF THEY DO NOT MEET ANY OF THE OUTCOMES STATEMENTS IN SECTIONS 5.A. OR 5.B.***

### **5.D. GUIDANCE FOR DETERMINATION OF *ONGOING* INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS**

**SAMHSA/CMHS recognizes that *LEGISLATIVE, LEGAL AND/OR OTHER SYSTEMIC REFORM ACTIVITIES (E.G., FACILITY MONITORING, LITIGATION PREPARATION, ETC) MAY TAKE MORE THAN ONE FISCAL YEAR TO COMPLETE* and sometimes these types of interventions take years before they are completed successfully. *It is these types of situations where the use of ongoing is most appropriate. The interventions reported in Table 5. F. are considered ONGOING, IF THEY WERE***

**STARTED IN EITHER A PRIOR YEAR OR THE CURRENT FISCAL YEAR AND WERE NOT CONCLUDED BY 9/30 OF THIS FY.**

## **SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS**

<b>5. E. TYPES OF INTERVENTIONS</b>	<b>Potential number of Individuals Impacted</b>	<b>Concluded Successfully</b>	<b>Concluded Unsuccessfully</b>	<b>On-going</b>
<b>1. Group Advocacy non-litigation</b>				
<b>Participating in the HRC at the State Operated Facilities</b>	Approx 2,095			XXX
<b>2. Investigations (<i>non-death related</i>)</b>				
<b>3. Facility Monitoring Services</b>				
<b>4. Court Ordered Monitoring</b>				
<b>5. Class Litigation</b>				
Department of Correction lawsuit	Approx 4,476			XXX
Larue Carter Records Access Lawsuit	Approx 2,095			XXX
<b>6. Legislative &amp; Regulatory Advocacy</b>				
Public Schools' lack of policy to address the use of Restraint and Seclusion	Approx 85,791			XXX
<b>7. Other</b>				
<b>TOTAL</b>	<b>94,457</b>			

## **SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS**

**In the PAIMI Application [at Section IV.2.2.], you were instructed to provide information on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.**

**5. F. In the space below, *provide at least ONE (1) EXAMPLE that reflected the outcome of EACH sub-category listed in Table 5.E.* In the narrative for each example briefly describe the PAIMI Program activity, include factual information (who, what, when, where, how) and the outcome(s) that resulted from the intervention.**

**Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how their availability furthered the purposes of the PAIMI Act.**

**INSERT ADDITIONAL PAGES INTO THIS SECTION AS NEEDED.**

### **SECTION 5 (1.) Group Advocacy non-litigation Currently still ongoing**

IPAS-PAIMI participated, as funding allowed, in the Resident/Human Rights Committee meetings at state operated mental health facilities. The basic, most general goal and purpose of all Resident/Human Rights Committees is to assist with protecting and enhancing the rights and dignity of persons receiving services at the state operated facilities. However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies which may impact patient rights', while another may review the specific treatment plan of the most difficult-to-treat patients, oftentimes requiring discussion of treatment modalities which may also include rights' implications.

#### **Case Example for Group Advocacy non-litigation**

At Logansport State Hospital, the IPAS-PAIMI advocate has long advocated for revisions in the facility's policies concerning the *Reporting Alleged Abuse, Neglect, or Exploitation of Patients* and *The Responsibilities of All Persons Involved*. The revised policies that formally address the process for staff to triage allegations of either abuse or neglect. Further clarification was provided so that staff was not limited to report only those allegations abuse, that they observed, but now they was more inclusive to include allegation that staff was made aware of from reports by residents or visitors. Additionally the revised to establish a procedure for reporting such acts to Adult Protective Services within a timely and acceptable manner for incidents of to client to client contact and intentional incidents resulting in injuries.



## **SECTION 5 (5.) Class Litigation** Currently still ongoing

### **Case Example for Class Litigation**

**Department of Correction lawsuit:** IPAS-PAIMI's case against the Indiana Department of Correction (IDOC), in which IPAS-PAIMI is representing the interests of prisoners with mental illness who are housed in isolated cells, is still pending before the United States District Court for the Southern District of Indiana. On July 21, 2009, Judge Hamilton denied the Defendant's Motion to Dismiss, holding that IPAS has standing to bring an action in a representational capacity on behalf of prisoners with mental illness, and the issues raised by IPAS are not mere "intramural" disputes between two state agencies. Judge Hamilton emphasized that the lawsuit is directly contemplated by the PAIMI Act.

As a result of the July 28, 2009 decision issued by the 7<sup>th</sup> Circuit Court of Appeals in *IPAS v. FSSA*, the Defendant filed a "Motion to Reconsider" on July 29<sup>th</sup>. The Defendant has asked the Court to reconsider its ruling denying the "Motion To Dismiss" in view of contrary authority from the 7<sup>th</sup> Circuit on jurisdiction. IPAS requested and was granted an extension of time to file an answer to the "Motion to Reconsider" until twenty (20) days after the 7<sup>th</sup> Circuit Court's final resolution of *IPAS v. FSSA*.

IPAS has served limited discovery upon the Defendant and is awaiting the Defendant's answers to the information and materials requested. The experts for both parties held a teleconference during which information and ideas were exchanged, and the experts for IDOC provided more detailed timeframes regarding the newly-designed mental health services which are being adopted by IDOC. The Court approved a revised "Case Management Order" which amended important procedural dates for the case, and reset the trial of the case for November 15, 2010.

The potential impact of this lawsuit is conservatively estimated at 4,476 individuals or 16% of the IDOC bed capacity. The rate of 16% rate is from the 1999 report issued by the Bureau of Justice Statistics, U.S. Department of Justice concerning the estimated rate of mental illness of prisoners.

## **SECTION 5 (6.) Legislative & Regulatory Advocacy** Currently still ongoing

### **Case Example of Legislative & Regulatory Advocacy**

IPAS-PAIMI was notified that one school system, Plainfield Community School Corp., has subsequently adopted a school-wide policy concerning the use of restraints and seclusion following the release of the IPAS' study concerning the lack of policies in most Indiana schools. During the year IPAS-PAIMI distributed copies of the two books '*Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies*' and '*Time-Out, Seclusion, and Restraint in Indiana Schools Literature Review*' to all of Indiana's LEA Superintendents and School Boards. Additionally two separate mailings were made to all of Indiana's Principals for a total of 3800 mailings in addition to all of the PTO/PTA Presidents (1900 mailings). IPAS-PAIMI posted its publication on its website which recorded for the year 634 views, which would indicate the documents were downloaded.

Presently the impact statewide is the 85,791 children identified as having a serious emotional disturbance. The systemic change at Plainfield schools represented an estimated 460 children affected. Thus IPAS-PAIMI's intervention resulted in a positive change in a policy for persons with disabilities.

## SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

**6. A. INDIVIDUAL INFORMATION AND REFERRAL (I&R) SERVICES.** Refer to the Glossary for the definition of I& R. [See also, PAIMI Rules, 42 CFR 51.24].

Provide the number of PAIMI Program I&R services.

**TOTAL** 817

### 6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

***Briefly list P&A collaboration/involvement in State Mental Health planning activities.***

Three members of the PAC are appointed to the Indiana's Division of Mental Health and Addiction (DMHA)'s Transformation Work Group (TWG), Subgroup on Consumer/Family Involvement.

Two members of the PAC serve on the Indiana's Division of Mental Health and Addiction (DMHA)'s Mental Health Planning Council.

A PAC member also serves of the state of Indiana Commission on Mental Health, Legislative Services.

Lastly, one staff member and a PAC member both serve the State Advisory Committee of the SAMHSA Grant: Indiana Alternatives To Restraint and Seclusion (SIG).

### 6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS

**6.C.1. List the number of public awareness activities or events AND the number of individuals who received the information. [Refer to the Glossary].**

**6. C.1. a. Number of public awareness activities or events.**

**Total** 12

**6. C.1. b. Number of individuals receiving the information.**

**Total** 882

**6. C.2. Number of education/training activities undertaken.**

**Total** 21

**6.C.2 refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization *WHERE P&A STAFF ARE THE TRAINERS. The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in section 6.C.1.b.* [PAIMI Rules 42 CFR 51.31(c)].**

**Total**

**6. C.3. Number (approximate) of persons trained. [Only include those individuals who attended a 6.C.2. type education/training program(s). See PAIMI Rules 42 CFR 51.31].**

**Total** 946

## **SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES**

### **6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS**

**DISSEMINATION ACTIVITIES.** Provide the number of articles, films, reports, etc. developed/produced. Provide an estimate for the number of people who received the information. For example, an article published about the P&A in a newspaper with a circulation of 200,000 readers; a television appearance on a station with 100,000 viewers in that time spot, etc.

#### **6. C.4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES**

For each non-client directed advocacy activity listed in the Table 6.C.5., choose one or more outcome statements that either best describe or relate to the **TYPE of ACTIVITY**. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, and C).

**A. Persons who received information about the P&A and its services.**

**B. Persons disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.**

**C. Other outcomes that resulted from PAIMI Program involvement.**

## SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. C.5. TYPES OF DISSEMINATION ACTIVITIES	NUMBER OF ITEMS	NUM BER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.							
b. Newspaper articles (attach copies of articles). (Pages 59-67)	7	7	941,013	941,013	941,013		
c. Public Services Announcements (PSA), videos/films/, etc.	1	1				X (Unkno wn)	
d. Reports							
e. Publications, including articles in Professional journals.	1	1	14,415	28,830	14,415	14,415	
f. Other P& A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that <i>were not</i> included/counted under training activities).	2	37	29,894	89,682	29,894	29,894	29,894
g. Number Website hits, include visits.	1	1	64,633	129,266	64,633	64,633	
h. Describe other media activities.							
<b>TOTALS</b>	<b>12</b>	<b>47</b>	<b>1,049,955</b>	<b>1,188,791</b>	<b>1,049,955</b>	<b>108,942</b>	<b>29,894</b>

## SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

**7. The PAIMI Rules mandate that the P&A system shall establish procedures to address grievances from: 1) Clients or prospective clients of the system to assure that individuals with mental illness have full access to the services of the program [42 CFR 51.25(a)(1)]; and 2) Individuals who have received or are receiving mental health services in the State, family members of such representatives, or representatives of such individuals or family members to assure that the eligible P&A system is operating in compliance with the Act [42 CFR 51.25(a)(2) - a systemic/program assurance grievance policy.]**

**7. a. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a)(2)? Yes X If No, please develop one \_\_\_\_**

**7.1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. TOTAL 1**

**7.2. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues. TOTAL 2**

**7.3. Total [Add 7.1 & 7.2] 3 [42 CFR Section 51.25(a)(1),(2)]**

**7.4. The number of grievances appealed to:**

<b>7. 4.a. The Governing Authority/Board</b>	<b>Total 1</b>	<b>7. 4.b. The Executive Director</b>	<b>Total 3</b>
--	--------------------	---------------------------------------	--------------------

**c. TOTAL = 7.4a. & 7.4b. 2**

**7.5. a. The number of reports sent to the governing board *AND* the Advisory Board mandatory for private non-profit P&A systems, at least one annually) that describe the grievances received, processed, and resolved. *[Report required, even if no grievances were filed. [42 CFR 51.25(b)(2)]* Total 4**

**7.6. Please *IDENTIFY ALL INDIVIDUALS*, by name & title, responsible for grievance reviews.**

Thomas Gallagher, Executive Director IPAS-PAIMI

Melanie Motsinger, Chairperson of the Indiana Protection & Advocacy Services Commission

## **SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]**

**7.7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? \_\_\_\_\_3\_\_\_\_\_ [42 CFR 51.25(b)(4)]**

**7.8. a. Were written responses sent to all grievants? YES X, NO \_\_\_\_ If no, explain below.**

**7.9. Was client confidentiality protected? YES X, NO \_\_\_\_ . If no, explain below.**

**[42 CFR 51.25(b)(6)]**

## SECTION 8. OTHER SERVICES AND ACTIVITIES

**The PAIMI Rules [at 42 CFR at 51.24(b)] mandate that “Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment which must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and to representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.”**

### **8. A.1. Does the P&A have procedures established for public comment?**

**a. Yes   X   PROVIDE A COPY OF A NOTICE and briefly describe how the notice is used to reach persons with mental illness and their families.**

**b. No   , If no, briefly explain.**

The copy of these Notices are located at the end of this document, pages 68 and 69.

IPAS-PAIMI as a state agency abides by the state statute concerning the process by which the Commission (Governing Board) and Mental Illness Advisory Board (PAC) conducts their business and holds its meetings.

Comments are solicited and accepted through the year. IPAS publishes and disseminates a newsletter which contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.

On an annual basis we invite the public to attend the August meeting and provide comment to the Commission regarding proposed priorities and objectives.

Lastly IPAS submitted notices to all of the state operated mental health facilities and in-patient units of the community mental health centers, soliciting comments from individuals housed within the facility.

### **8. A.2. Were the notices provided to the following persons?**

<b>a. Individuals with mental illness in residential facilities?</b>	<b>YES</b>	<b>X</b>	<b>NO*</b>
<b>b. Family members and representatives of such individuals?</b>	<b>YES</b>	<b>X</b>	<b>NO*</b>
<b>c. Other Individuals with disabilities?</b>	<b>YES</b>	<b>X</b>	<b>NO*</b>
<b>d. *Brief explanation is required for each NO answer in 8. A.2. a., b., or c.</b>			

### **8. A.3. Do the procedures provide for receipt of the comments in writing or in person? YES\*   X  ; NO       .**

**8. A.3.a. If YES\*, ATTACH A COPY OF THE AGENCY'S POLICIES/PROCEDURES PERTAINING TO PUBLIC COMMENT. (See attachment pages 70-71)**

**8. A.3.b. If NO, EXPLAIN WHY THE AGENCY DOES NOT HAVE SUCH PROCEDURES IN PLACE.**

## SECTION 8. OTHER SERVICES AND ACTIVITIES

<b>8. B.1. Was the public provided an opportunity for public comment?</b>	<b>YES X</b>	<b>NO</b>
<b>8. B. 2. If you answered YES to 8.B.1., then briefly describe the activities used to obtain public comment.</b> <p>Comments are solicited and accepted through the year. IPAS publishes and disseminates a newsletter which contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.</p> <p>In accordance with Indiana state law, all meetings of the IPAS-PAIMI Governing Board and Advisory Board are open to the public. However while not required to do so under state law, both the Governing Board and Advisory Board allow and solicit comments from the public in attendance at each meeting.</p>		
<b>8. B. 3. What formats and languages (as applicable) were used in materials to solicit public comments?</b> <p>IPAS posts the information electronically on its agency website and publishes the information in several agency publications all in English. Alternative formats would be provided to accommodate any specific needs of a requestor. To date, no one has requested these materials in different languages or formats.</p>		
<b>8. B. 4. If you answered NO to 8.B.1., <u>BRIEFLY EXPLAIN WHY THE PUBLIC WAS NOT PROVIDED AN OPPORTUNITY TO COMMENT.</u></b>		

### **8.C. LIST GROUPS (e.g., States, consumer, advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers and/ or family members of such individuals) with whom the PAIMI Program coordinated systems, activities, and mechanisms. [42 U.S.C. 10824(a(D))].**

- Indiana's American Civil Liberties Union
- The Institute on Disability and Community
- Family and Social Services Administration (FSSA), Grants Office
- KEY (Knowledge Empowers You) Consumer Organization
- Indiana Council for People with Disabilities
- NAMI of Indiana
- NAMI West Central Indiana
- NAMI East Central Indiana
- Indiana Juvenile Justice Task Force



## SECTION 8. OTHER SERVICES AND ACTIVITIES

**8. D. Briefly describe the outreach efforts/activities used to increase the numbers of ethnic and racial minority clients served and/or educated about the PAIMI Program. [This information will be evaluated by using the Demographic/State Profile information contained in the PAIMI Application for the same FY].**

IPAS-PAIMI as part of outreach as an agency goal employs the services of a Public Relations firm for the five agency wide projects which are intended to outreach to minority and underserved individuals with disabilities, concerning disability rights issues, as well as IPAS services and successes. The Public Relations firm identifies those media outlets that target ethnic and racial minority populations.

**8. E. Did the activities described in 8.D. result in an increase of ethnic and/or minorities in the following categories?**

<b>1. Staff</b>	<b>YES</b>	<b>NO X</b>
<b>2. Advisory Council</b>	<b>YES</b>	<b>NO X</b>
<b>3. Governing Board</b>	<b>YES X</b>	<b>NO</b>
<b>4. Clients</b>	<b>YES X</b>	<b>NO</b>

**If the answer to any item 8.E.1 - 4 is NO, please provide a brief explanation, such as 8.E.1., 2., or 3. – no vacancies.**

8.E.1. IPAS has not had any staff vacancies.

8.E.2. Since all of the members of the Advisory Council are appointed and serve at the pleasure of the Governor, IPAS has no direct role in the membership selection or membership appointment.

### 8. F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

#### 8. F.1 External Impediments

**Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Health Act of 2000 that pertain to requirements related to incidents involving seclusion and restraint and related deaths and serious injuries (e.g., access issues, delays in receiving records and documents, etc.).**

Unfortunately the Centers for Medicare & Medicaid Services' (CMS) final rules concerning a resident's death associated with either restraint or seclusion did not provide a requirement that a state's P&A be directly notified. IPAS-PAIMI was not notified of any incidents involving seclusion and restraint and related deaths and serious injuries. Thus the perception is that a provider is under no obligation to make a direct notification to IPAS-PAIMI as outlined in the Parts H and I of the Children's Health Act of 2000.

Prior to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), IPAS-PAIMI enjoyed a strong working relationship with many providers who would automatically provide notification of incidents occurring at their facility. Since HIPAA's implementation many providers cite that the restrictions imposed by HIPAA does not allow them to volunteer the information, hence they are unwilling to enter into an agreement the IPAS-PAIMI to provide notification. This has placed the source of IPAS-PAIMI's case selection and notification on the clients, concerned family members, media reports and those few staff members willing to risk violation of HIPAA to provide to IPAS-PAIMI with enough information to provide IPAS-PAIMI with probable cause.

As in the prior year, challenges to IPAS-PAIMI's access to PAIMI eligible Clients, Client's records and Peer Review records has only intensified. IPAS-PAIMI's need to engage in litigation concerning access has caused an unexpected need to conserve funds for expenditures related to the continuing legal battles.

## **SECTION 8. OTHER SERVICES AND ACTIVITIES**

### **8. F.2. *Internal Impediments***

**Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc).**

Need to divert resources (financial and personnel) to engage in litigation with the state concerning our statutory right of access to clients, clients' records, clients' areas and peer review inhibits the ability of IPAS-PAIMI to engage in a timely response to initiate an investigation of an allegation of abuse or neglect. Additionally IPAS-PAIMI has have to defend against challenges in light of the 7<sup>th</sup> Circuit's Ruling questioning of IPAS-PAIMI's standing to bring litigation to enforce provisions of the PAIMI Act.

IPAS-PAIMI continues to struggle with obtaining access to timely, meaningful and usable medical/psychopharmacological expertise, which is needed to assist neglect or abuse investigations. For an investigation of an alleged instance of neglect, it is often difficult to challenge a physician's treatment decision as many cases are a subjective issue in which much similar credentialed professionals are unwilling to take a definitive position unless there is a clear indication of violation of acceptable practice standards.

IPAS-PAIMI in several of this year's objectives has attempted to increase its efforts to gather data and information to determine and demonstrate the reality of the situation versus the commonly held perception based upon flawed beliefs from anecdotal information. IPAS-PAIMI has found that its lack of internal expertise to analyze data for meaningful application to sway policy makers has caused the need to divert resources to hire that expertise.

IPAS-PAIMI continues to have difficulty in its attempt to outreach into all minority populations of the state.

## **8. G. ACCOMPLISHMENTS**

**For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. PROVIDE copies of supporting documents, e.g., case law, news article, legislation, etc.**

During August 2009, IPAS-PAIMI was subject to a SAMHSA -PAIMI Program monitoring visit. While the final report had yet to be issued given the proximity to the fiscal year's end, the summary exit meeting indicated that the monitoring team found no compliance issues at IPAS-PAIMI. The monitoring team noted numerous areas in which it considered IPAS as models of activity for PAIMI.

The total numbers of minority clients was increased both in actual numbers and overall percentage served. IPAS-PAIMI continues to serve a greater portion of clients with disability when compared to the state's census.

IPAS-PAIMI's success in the summary judgment before the US District Court, Southern District of Indiana concerning IPAS-PAIMI's authority to access client's records. The state has since appealed this decision to the 7th Circuit of Appeals. Order is attached.

During the spring of 2007, Indiana Protection and Advocacy Services (IPAS) contracted with the Indiana Institute on Disability and Community (IIDC) to conduct an analysis of policies and procedures related to time-out, seclusion, and restraint in Indiana public school corporations. Additionally a literature review was undertaken as part of a study to assess the existence of formal policy and procedures regarding the use of seclusion and restraint (and the related use of "time-outs") in Indiana school systems. The purpose of this review is to provide a context for the use of the study's findings and to identify current issues and contemporary practices. Two publications were then created by IIDC as part of this commissioned data study, "Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies" and "Time-Out, Seclusion, and Restraint in Indiana Schools Literature Review".

## **SECTION 8. OTHER SERVICES AND ACTIVITIES**

### **8. H. RECOMMENDATIONS**

**Please provide recommendations for activities and services to improve the PAIMI Program. Include a brief description of why such activities and services are needed. [42 U.S.C. 10824(a)(4)].**

### **8. I. PLEASE IDENTITY ANY TRAINING & TECHNICAL ASSISTANCE REQUESTS. [42 U.S.C. 10825]**

## SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

***In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY.***

**9. A. PAIMI PROGRAM PERSONNEL – INSERT ADDITIONAL ROWS AS NEEDED. ++**  
***List vacancies by position, annual salary, percentage of time & costs that will be charged to the PAIMI Program grant when the position is filled.***

Position Title	Annual Salary	Percent/Portion Of Time Charged To PAIMI	Costs Billed to PAIMI
Executive Director	67,967.64	30%	\$ 20,390
Support Services Director	55,683.68	29%	\$ 16,148
Education and Training Director	40,607.32	28%	\$ 11,370
Technology Specialist	49,113.74	29%	\$ 14,243
Fiscal Officer	39,133.90	29%	\$ 11,349
Account Clerk	30,537.00	29%	\$ 8,856
Technology Clerk	29,446.30	29%	\$ 8,539
Executive Secretary	28,282.54	29%	\$ 8,202
Secretary	20,459.40	29%	\$ 5,933
Assist Director of Client Services	46,332.00	79%	\$ 36,602
Intake Specialist	47,106.02	38%	\$ 20,318
Advocate	33,072.00	48%	\$ 17,900
Advocate	39,255.06	71%	\$ 15,875
Advocate	33,159.88	34%	\$ 27,871
Advocate	32,974.50	53%	\$ 11,274
Assist Director of Client Services	44,058.56	33%	\$ 17,476
Advocate	30,657.38	78%	\$ 23,913
Advocate	46,177.56	44%	\$ 14,539
Advocate	47,994.18	45%	\$ 23,913
Intake Specialist	34,359.00	21%	\$ 20,318
Advocate	31,888.48	41%	\$ 21,597
Client Services Director	60,000.00	32%	\$ 7,215
Attorney	53,800.50	40%	\$ 13,074
Attorney	54,607.28	21%	\$ 19,200
Attorney	50,758.50	27%	\$ 21,520
Assist Director of Client	50,113.18	4%	\$ 11,468

<b>Services</b>			
<b>Advocate</b>	<b>33,428.98</b>	<b>31%</b>	\$ 13,705
<b>Advocate</b>	<b>41,656.68</b>	<b>1%</b>	\$ 2,005
<b>Advocate</b>	<b>34,734.18</b>	<b>1%</b>	\$ 10,363
<b>Advocate</b>	<b>33,159.00</b>	<b>0%</b>	\$ 0
<b>SUBTOTAL</b>	<b>\$ 1,240,524.44</b>		<b>\$ 411,711</b>
<b>++Vacant positions</b>	0		
<b>Volunteer positions</b>	0		
<b>TOTAL POSITIONS</b>	<b>30</b>		

<b>9. B. CATEGORIES</b>	<b>COST</b>
<b>Fringe Benefits (PAIMI only)</b>	\$ 160,557
<b>Travel Expenses (PAIMI only)</b>	\$13,791
<b>SUBTOTAL</b>	<b>\$174,348</b>

<b>9. C. EQUIPMENT - TYPE (PAIMI ONLY)</b>	<b>COST</b>
Evac + Chair and Dell multifunction printer/fax machine	\$ 597
<b>SUBTOTAL</b>	<b>\$597</b>

## SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Various office supplies, paper, toner, cleaning, etc.	\$ 11,575
<b>SUBTOTAL</b>	\$ 11,575

### 9. E. CONTRACTUAL COSTS (including Consultants) for PAIMI Program Only

Position Or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Hiron's Public Information	Various contracted				\$9,800
<b>SUBTOTAL</b>					\$9,800

### 9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

Categories	#Of Persons/ Travel Costs	#Of Persons/ Training Costs	# Of Persons/ Other Expenses
<b>Staff</b>	Can not separate travel for training only	29 \$10,886	
<b>Governing Board</b>			
<b>PAC Members</b>		2 \$206	NARPA expenses not paid in 2009
<b>Volunteers</b>			
<b>Subtotal</b>			\$11,092

### 9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)

LITIGATION	COST
IPAS incurred some legal costs associated with two cases in federal court this year.	\$500
<b>SUBTOTAL</b>	\$500

## SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

9. H. Indirect Costs (PAIMI only):		COST
1. Does your P&A have an approved Federal indirect cost rate?	YES XXXX	NO
a. If YES, what is the approved rate?	.0143	
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		\$619,623
3. Income Sources and Other Resources (PAIMI Program Only)		0
4. PAIMI Program carryover of grant funds identified by FY.		\$64,113
Carry over from FFY 2009 into FFY2010		
5. Interest on Lawyers Trust Accounts (IOLTA).		\$ 0
6. Program income (PAIMI only).		\$ 0
7. State		\$ 0
8. County		\$ 0
9. Private		\$ 0
10. Other funding sources. [IDENTIFY each source].		\$ 0
11. Total of all PAIMI Program resources.		\$64,113
SUBTOTAL		\$ 683,736

## GLOSSARY

**Closed case** - is when the advocate/attorney closes the client record or case file after providing advocacy interventions on behalf of a client, and determining that the client either has no need of further intervention services or that the agency has no other services available to address the issue(s) or complaint(s) for which the case was initially opened.

**Grievance Procedures** – are policies and procedures developed by the P&A system to ensure that its clients and prospective PAIMI-eligible clients, their family members, or representatives have full access to the system services and that the system is fully compliant with the provisions of the PAIMI Act and Rules.

**Information and Referral (I&R) Services** - is the provision of brief written or oral information, such as generic information about the P&A, including information about additional programs and resources external to the P&A that relate to the individual's service needs and statutory or constitutional rights as a person with a disability. I & R services are generally of short duration, typically range from a few minutes to an hour, do not involve direct advocacy intervention by staff, and any type of staff follow-up. I&R services may include mailing generic agency information. Individuals receiving I & R services are not counted as PAIMI clients.

### Intervention Strategies:

- **Abuse/Neglect Investigations** - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies** - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies** - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy** activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation** - is a informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).
- **Short Term Assistance** - Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and



assisting the client in preparing letters, documents or making telephone calls to resolve the issue.

- **Technical Assistance** - includes the provision of information, referral or advice to clients by a PAIMI Program representative, attorney, or advocate, (e.g., coaching the client in self-advocacy, explaining service delivery system(s) available to meet needs, dissemination of information and materials to client, etc.). Follow-up is required.

**Objectives** - are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the activity will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one (1) fiscal year).

**Open Case** - is when a PAIMI-eligible individual with a complaint is accepted as a client by the P&A system. A case record or case file is opened for that individual. System staff maintain all intervention services provided to the client and other information t are maintained in this case record/file.

**Outreach** - is an activity that targets information on PAIMI Program activities to specific populations (e.g., cultural, ethnic and racial minorities, and other underserved or un-served populations, etc. The activity is linked to an objective of a specific annual priority.

**PAIMI Clients (for purposes of this report)** - are individuals who meet the PAIMI eligibility criteria as defined in the PAIMI Act [42 U.S.C. 10802(4) and its Rules at 42 CFR 51.2 Definitions, who have a complaint, for whom demographic data is collected, and for whom the PAIMI Program, or any of its subcontractors, provides an intervention (as reported under Intervention Strategies in this form).

**Priorities (Goals)** – are broad general descriptions of short term activities for the P&A system to accomplish within one (1) fiscal year (FY). [The exceptions are generally regulatory, legislative, and litigation activities]. The priorities must be directly related to the purpose of the enabling Federal legislation and the requirements of the Federal-funding agency and consistent with the priorities included in the PAIMI Application for the same FY. [See PAIMI Act at 42 U.S.C. 10801, PAIMI Rules at 42 CFR 51.24 (a) – Program Priorities, and the Children’s Health Act of 2000 at 42 U.S.C. at 290ii-ii-1 and 290jj-jj-2].

**Public Awareness Activities** - provide general information on disability rights and the purpose and mission of the P&A system. Public awareness activities include public service announcements, newsletters, radio or television, publications in legal journals, web site services, general distribution of agency brochures, etc.

**Public Education and Constituency Training** - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

**Racial/Ethnic Background** - for the purposes of this report, the ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

**Resolution of Complaint/Problem Area** – is in a client's favor when ( 1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the client is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

**Systemic Advocacy Activities** – are the efforts taken to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but are not limited to, State agencies, various public and private residential care and treatment facilities, and other service providers, etc. [The PAIMI Rules at 42 CFR 51.24 (a) PAIMI Priorities state that systemic activities shall be addressed in the development and implementation of program priorities].